PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

	E ADDRESS (Note: Use Block I	for any change of address)		Note: A certifica	te of mailing can o	nly be used f	or domestic mailines
				Fee(s) Transmitts	l. This certificate ca	annot be used	or domestic mailings for any other accomp ent or formal drawing
26694 75	590 03/21/200	5		have its own certi	ficate of mailing or	us an assignm transmission.	ent or formal drawing
	ETJER, HOWARD	AND CIVILET	TI, LLP		Certificate of Ma	iling or Trans	smission
P.O. BOX 34385		SIPE	•	I hereby certify the	nat this Fee(s) Trans	smittal is bein	g deposited with the
WASHINGTON, I	DC 20043-9998			addressed to the	Mail Stop ISSUE	FEE address	g deposited with the st class mail in an en above, or being fac- late indicated below.
2005 MBEYENE2 0000023	5 220261 107/91846	, 4		transmitted to the	USPTO (703) 746-	4000, on the	
1501 1400.00 DA		ابي 2005 1 UN 2 ا					(Depositor
1504 300.00 DA	漫						(Si _l
	(A)	REL					
APPLICATION NO.	FILING DATE	MADENT	IRST NAMED INVE	NTOR	ATTORNEY D	OCKET NO.	CONFIRMATION N
10/791,846	03/04/2004		Achim Breuer		32368-2	01361	5302
TITLE OF INVENTION: A ESPECIALLY IN SPINNIN	APPARATUS FOR DET G PREPARATION	ERMINING FIBRE I	LENGTHS AND	FIBRE LENGTH I	DISTRIBUTION FI	ROM A FIBE	RE MATERIAL SAI
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	E P	UBLICATION FEE	TOTAL FEI	E(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$170	00	06/21/2005
EXAM	INER	ART UNIT	гС	LASS-SUBCLASS	- 		
WELCH,	GARY L	3765		002-069000		•	•
Change of correspondence	address or indication of	'Eas Address" (27	2 For printing on	4b	- 11 -		
CED 1 760	addices of marcanon of	ree Address (37	2. For printing on	the patent front pag	e. ust		
CFR 1.363).			(1) the names of		•	Venable L	LP.
	ence address (or Change	of Correspondence	or agents OR, alte	up to 3 registered practively,	atent attorneys	Venable L	
Change of corresponde Address form PTO/SB/12			or agents OR, alte	up to 3 registered practively,	atent attorneys	Venable L Robert Kir	
Change of corresponded Address form PTO/SB/12 "Fee Address" indicated PTO/SB/47; Rev 03-02 of	on (or "Fee Address" Ind	ication form	(2) the name of a registered attorney 2 registered natern	up to 3 registered practively, single firm (having or agent) and the	atent attorneys		
Change of corresponded Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 of Number is required.	on (or "Fee Address" Ind r more recent) attached. U	ication form Jse of a Customer	or agents OR, alte (2) the name of a registered attorner 2 registered patent listed, no name with	up to 3 registered practively, single firm (having y or agent) and the tattorneys or agents II be printed.	atent attorneys		
Change of corresponde Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND	on (or "Fee Address" Index more recent) attached. I	ication form Use of a Customer BE PRINTED ON TH	or agents OR, alte (2) the name of a registered attorney 2 registered paten listed, no name wi IE PATENT (print	up to 3 registered practively, single firm (having or agent) and the attorneys or agents ll be printed. or type)	as a member a names of up to s. If no name is	Robert Kin	nberg
Change of corresponded Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 of Number is required.	on (or "Fee Address" Ind. r more recent) attached. U RESIDENCE DATA TO an assignee is identified 37 CFR 3.11. Completio	ication form Ise of a Customer BE PRINTED ON TH below, no assignee da n of this form is NOT a	or agents OR, alte (2) the name of a registered attorne; 2 registered paten listed, no name wi E PATENT (print of the will appear on the a substitute for filin	up to 3 registered practively, single firm (having y or agent) and the t attorneys or agents ll be printed. or type) the patent. If an as g an assignment.	as a member a names of up to s. If no name is	Robert Kin	nberg
Change of corresponde Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	on (or "Fee Address" Ind. r more recent) attached. U RESIDENCE DATA TO an assignee is identified 37 CFR 3.11. Completio	ication form Ise of a Customer BE PRINTED ON TH below, no assignee da n of this form is NOT a	or agents OR, alte (2) the name of a registered attorne; 2 registered paten listed, no name wi IE PATENT (print of the will appear on the a substitute for filin RESIDENCE: (CIT	up to 3 registered practively, single firm (having y or agent) and the attorneys or agents ll be printed. or type) he patent. If an as g an assignment. Y and STATE OR	as a member a names of up to s. If no name is	Robert Kin	nberg
Change of corresponde Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	on (or "Fee Address" Indir more recent) attached. URESIDENCE DATA TO an assignee is identified 37 CFR 3.11. Completion	ication form Jse of a Customer BE PRINTED ON TH below, no assignee da n of this form is NOT a (B) F	or agents OR, alte (2) the name of a registered attorner 2 registered paten listed, no name wi E PATENT (print of the will appear on the a substitute for filin RESIDENCE: (CIT Monchengladbach, F	up to 3 registered practively, single firm (having or agent) and the attorneys or agents ill be printed. or type) he patent. If an as g an assignment. Y and STATE OR ded Rep Germany	as a member a names of up to s. If no name is signee is identified	Robert Kin	nberg
Change of corresponds Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TRUTZ Please check the appropriate and the set of the set o	on (or "Fee Address" Ind r more recent) attached. U RESIDENCE DATA TO an assignee is identified 37 CFR 3.11. Completio E SCHLER GMBH & CO. K	ication form Ise of a Customer BE PRINTED ON TH below, no assignee da n of this form is NOT a (B) F	or agents OR, alte (2) the name of a registered attorner 2 registered paten listed, no name wi E PATENT (print of the will appear on the a substitute for filin RESIDENCE: (CIT Monchengladbach, F	up to 3 registered practively, single firm (having or agent) and the attorneys or agents ill be printed. or type) he patent. If an as g an assignment. Y and STATE OR ded Rep Germany	as a member a names of up to s. If no name is signee is identified	Robert Kin	nberg
Change of corresponds Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TRUTZ Please check the appropriate and the following fee(s) are expressions.	on (or "Fee Address" Indir more recent) attached. U RESIDENCE DATA TO an assignee is identified 37 CFR 3.11. Completion E SCHLER GMBH & CO. K assignee category or categoricles.	ication form Ise of a Customer BE PRINTED ON TH below, no assignee da n of this form is NOT a (B) F G cories (will not be print	or agents OR, alte (2) the name of a registered attorne; 2 registered paten listed, no name wi IE PATENT (print of a substitute for filin RESIDENCE: (CIT Monchengladbach, F ted on the patent): Payment of Fee(s):	up to 3 registered practively, single firm (having or agent) and the attorneys or agents ill be printed. or type) he patent. If an as g an assignment. Y and STATE OR ded Rep Germany	as a member a names of up to so. If no name is signee is identified COUNTRY)	Robert Kin	nberg
Change of corresponds Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TRUTZ Please check the appropriate and the set of the set o	on (or "Fee Address" Indir more recent) attached. U RESIDENCE DATA TO an assignee is identified 37 CFR 3.11. Completion E SCHLER GMBH & CO. K assignee category or categoricles.	ication form Ise of a Customer BE PRINTED ON TH below, no assignee da n of this form is NOT a (B) F G gories (will not be print	or agents OR, alte (2) the name of a registered attorner 2 registered paten listed, no name wi IE PATENT (print of a substitute for filin RESIDENCE: (CIT Monchengladbach, F and on the patent): Payment of Fee(s): A check in the an	up to 3 registered practively, single firm (having yor agent) and the tattorneys or agents III be printed. or type) he patent. If an as gan assignment. Y and STATE OR of the Germany Individual	as a member a names of up to b. If no name is signee is identified COUNTRY) Corporation or other enclosed.	Robert Kin	nberg
Change of corresponds Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TRUTZ Please check the appropriate and the following fee(s) are expressions.	on (or "Fee Address" Indir more recent) attached. URESIDENCE DATA TO an assignee is identified 37 CFR 3.11. Completion E SCHLER GMBH & CO. Kassignee category or categoriclosed:	ication form Use of a Customer BE PRINTED ON THE below, no assignee dan of this form is NOT a (B) F G cories (will not be printed by the	or agents OR, alte (2) the name of a registered attorner 2 registered paten listed, no name wi IE PATENT (print of the will appear on the a substitute for filin RESIDENCE: (CIT Monchengiadbach, For the don the patent): Payment of Fee(s): A check in the and Payment by credit	up to 3 registered practively, single firm (having y or agent) and the tattorneys or agents Il be printed. or type) the patent. If an as g an assignment. Y and STATE OR the Germany Individual Individual To the fee(s) is the card. Form PTO-2	as a member a names of up to so if no name is signee is identified COUNTRY) Corporation or other controls of the country is enclosed.	er private grou	ocument has been fil
Change of corresponds Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TRUTZ Please check the appropriate and the following fee(s) are ended to see a publication Fee (No small Advance Order - # of Communications)	on (or "Fee Address" Indir more recent) attached. U RESIDENCE DATA TO an assignee is identified 37 CFR 3.11. Completion E SCHLER GMBH & CO. K assignee category or category or category and completed in the completion of the complete of	geation form Jose of a Customer BE PRINTED ON THE below, no assignee da n of this form is NOT a (B) F G gories (will not be printed 4b. P ted)	or agents OR, alte (2) the name of a registered attorner 2 registered paten listed, no name wi IE PATENT (print of the will appear on the a substitute for filin RESIDENCE: (CIT Monchengiadbach, For the don the patent): Payment of Fee(s): A check in the and Payment by credit	up to 3 registered practively, single firm (having y or agent) and the tattorneys or agents Il be printed. or type) the patent. If an as g an assignment. Y and STATE OR the Germany Individual Individual To the fee(s) is the card. Form PTO-2	as a member a names of up to so if no name is signee is identified COUNTRY) Corporation or other controls of the country is enclosed.	er private grou	ocument has been fil
Change of corresponds Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TROTZ Please check the appropriate and the following fee(s) are ended and the following fe	on (or "Fee Address" Indir more recent) attached. U RESIDENCE DATA TO an assignee is identified 37 CFR 3.11. Completion E SCHLER GMBH & CO. K assignee category or category or category all entity discount permit Copies from status indicated above	geation form Jose of a Customer BE PRINTED ON THE below, no assignee da n of this form is NOT a (B) F G gories (will not be printed 4b. P ted)	or agents OR, alte (2) the name of a registered attorner 2 registered paten listed, no name wi IE PATENT (print of a substitute for filin RESIDENCE: (CIT Monchengiadbach, F and on the patent): A check in the an Payment by credi The Director is h eposit Account Nur	up to 3 registered practively, single firm (having yor agent) and the tattorneys or agents II be printed. or type) the patent. If an as gan assignment. Y and STATE OR of the Germany Individual Individual to card. Form PTO-2 tereby authorized by the Card.	as a member a names of up to so if no name is signee is identified COUNTRY) Corporation or other in a contract of the country	below, the do	cument has been find the pentity Government of this form).
Change of corresponds Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TROTZ Please check the appropriate and the following fee(s) are ended and the feet fee(s) are ended and the feet feet feet feet feet feet feet	on (or "Fee Address" Indir more recent) attached. U RESIDENCE DATA TO an assignee is identified 37 CFR 3.11. Completion E SCHLER GMBH & CO. K assignee category or categoricles discount permit Copies	geation form Jose of a Customer BE PRINTED ON THE below, no assignee da n of this form is NOT a (B) F G G Jories (will not be printed) Led) Eted) Z Z Z Z Z Z Z Z Z Z Z Z Z	or agents OR, alte (2) the name of a registered attorner 2 registered paten listed, no name wi IE PATENT (print of a substitute for filin RESIDENCE: (CIT Monchengiadbach, F and on the patent): A check in the an Payment of Fee(s): A check in the an Payment by credi The Director is h eposit Account Nur b. Applicant is no	up to 3 registered practively, single firm (having or agent) and the tattorneys or agents II be printed. or type) he patent. If an as g an assignment. Y and STATE OR of the fee (s) is to card. Form PTO-2 tereby authorized by the card. Form PTO-2 tereby authorized by the card. Individual Standard STATE or STATE OR OR OR OTHER OR OR OTHER OR OF STATE OR OTHER OTHER OR OTHER OTHER OR OTHER OR OTHER OR OTHER OR OTHER OTHER OTHER OR OTHER OTHE	as a member a names of up to so if no name is signee is identified COUNTRY) Corporation or other control of the country is attached. Country tanks attached. Corporation or other country is attached.	below, the do	pentity Government any overpayment of this form).
Change of corresponds Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TROTZ Please check the appropriate and the following fee(s) are ended and the following fe	on (or "Fee Address" Indir more recent) attached. U RESIDENCE DATA TO an assignee is identified 37 CFR 3.11. Completion E SCHLER GMBH & CO. K assignee category or categoricles discount permit Copies	geation form Jose of a Customer BE PRINTED ON THE below, no assignee da n of this form is NOT a (B) F G G Jories (will not be printed) Led) Eted) Z Z Z Z Z Z Z Z Z Z Z Z Z	or agents OR, alte (2) the name of a registered attorner 2 registered paten listed, no name wi IE PATENT (print of a substitute for filin RESIDENCE: (CIT Monchengiadbach, F and on the patent): A check in the an Payment of Fee(s): A check in the an Payment by credi The Director is h eposit Account Nur b. Applicant is no	up to 3 registered practively, single firm (having or agent) and the tattorneys or agents II be printed. or type) he patent. If an as g an assignment. Y and STATE OR of the fee (s) is to card. Form PTO-2 tereby authorized by the card. Form PTO-2 tereby authorized by the card. Individual Standard STATE or STATE OR OR OR OTHER OR OR OTHER OR OF STATE OR OTHER OTHER OR OTHER OTHER OR OTHER OR OTHER OR OTHER OR OTHER OTHER OTHER OR OTHER OTHE	as a member a names of up to so if no name is signee is identified COUNTRY) Corporation or other control of the country is attached. Country tanks attached. Corporation or other country is attached.	below, the do	pentity Government of this form).
Change of corresponds Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TRUTZ Please check the appropriate as the following fee(s) are e Issue Fee Publication Fee (No sm Advance Order - # of (Control of the USPTO is NOTE: The Issue Fee and Publication SM The Director of the USPTO is NOTE: The Issue Fee and Publication SM The Director of the USPTO is NOTE: The Issue Fee and Publication SM The Director of the USPTO is NOTE: The Issue Fee and Publication SM The Director of the USPTO is NOTE: The Issue Fee and Publication SM The Director of the USPTO is NOTE: The Issue Fee and Publication SM The Director of the USPTO is NOTE: The Issue Fee and Publication SM The Director of the USPTO is NOTE: The Issue Fee and Publication SM The Director of the USPTO is NOTE: The Issue Fee and Publication SM The Director of the USPTO is NOTE: The Issue Fee and Publication SM The Director of the USPTO is NOTE: The Issue Fee and Publication SM The Director of the USPTO is NOTE: The Issue Fee and Publication SM The Director of the USPTO is NOTE: The Issue Fee and Publication SM The Director of the USPTO is NOTE: The Issue Fee and Publication SM The Director of the USPTO is NOTE: The Issue Fee and Publication SM The Director of the USPTO Issue SM The D	on (or "Fee Address" Indir more recent) attached. U RESIDENCE DATA TO an assignee is identified 37 CFR 3.11. Completion E SCHLER GMBH & CO. K assignee category or categoricles discount permit Copies	geation form Jose of a Customer BE PRINTED ON THE below, no assignee da n of this form is NOT a (B) F G G Jories (will not be printed) Led) Eted) Z Z Z Z Z Z Z Z Z Z Z Z Z	or agents OR, alte (2) the name of a registered attorner 2 registered paten listed, no name wi IE PATENT (print of a substitute for filin RESIDENCE: (CIT Monchengiadbach, F and on the patent): A check in the an Payment of Fee(s): A check in the an Payment by credi The Director is h eposit Account Nur b. Applicant is no	up to 3 registered practively, single firm (having or agent) and the tattorneys or agents II be printed. or type) he patent. If an as g an assignment. Y and STATE OR of the fee (s) is to card. Form PTO-2 tereby authorized by the card. Form PTO-2 tereby authorized by the card. Individual Standard STATE or STATE OR OR OR OTHER OR OR OTHER OR OF STATE OR OTHER OTHER OR OTHER OTHER OR OTHER OR OTHER OR OTHER OR OTHER OTHER OTHER OR OTHER OTHE	as a member a names of up to so if no name is signee is identified COUNTRY) Corporation or other control of the country is attached. Country tanks attached. Corporation or other country is attached.	below, the do	pentity Government of Government of Government any overpayment of this form).
Change of corresponds Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TRUTZ Please check the appropriate and the set of the set o	on (or "Fee Address" Indir more recent) attached. U RESIDENCE DATA TO an assignee is identified 37 CFR 3.11. Completion E SCHLER GMBH & CO. K assignee category or category or category or category or category or category. Copies	geation form Jose of a Customer BE PRINTED ON THE below, no assignee da n of this form is NOT a (B) F G G Jories (will not be printed) Led) Eted) Z Z Z Z Z Z Z Z Z Z Z Z Z	or agents OR, alte (2) the name of a registered attorner 2 registered paten listed, no name wi IE PATENT (print of a substitute for filin RESIDENCE: (CIT Monchengiadbach, F and on the patent): A check in the an Payment of Fee(s): A check in the an Payment by credi The Director is h eposit Account Nur b. Applicant is no	up to 3 registered practively, single firm (having y or agent) and the tattorneys or agents Il be printed. or type) the patent. If an as g an assignment. Y and STATE OR ded Rep Germany Individual Individual to card. Form PTO-2 tereby authorized by short 22-0261 longer claiming SN e-apply any previo an the applicant; a reserved.	as a member a names of up to so. If no name is signee is identified COUNTRY) Corporation or oth enclosed. O38 is attached. y charge the require (enclosed). ALL ENTITY stan usly paid issue fee the registered attorney of June 21, 2005	below, the do	pentity Government of this form).
Change of corresponds Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE TRUTZ Please check the appropriate as 4a. The following fee(s) are e Solution December	on (or "Fee Address" Indir more recent) attached. U RESIDENCE DATA TO an assignee is identified 37 CFR 3.11. Completion E SCHLER GMBH & CO. K assignee category or category or category or category and entity discount permit Copies From status indicated above ALL ENTITY status. See requested to apply the Is olication Fee (if required) ds of the United States Pa	geation form See of a Customer BE PRINTED ON TH below, no assignee da n of this form is NOT a (B) F G gories (will not be printed 4b. P ted) 237 CFR 1.27. sue Fee and Publication will not be accepted for	or agents OR, alte (2) the name of a registered attorner 2 registered pattern listed, no name wi IE PATENT (print of the a will appear on the a substitute for filin RESIDENCE: (CIT Monchengladbach, For the don the patent): Payment of Fee(s): A check in the an Payment by credit The Director is he eposit Account Nut b. Applicant is no to Fee (if any) or to to to to manyone other the fice.	up to 3 registered practively, single firm (having y or agent) and the tattorneys or agents Il be printed. or type) he patent. If an as g an assignment. Y and STATE OR ded Rep Germany Individual Individual to card. Form PTO-2 hereby authorized by hiber 22-0261 longer claiming SN re-apply any previous an the applicant; a re- Date	as a member a names of up to so if no name is signee is identified COUNTRY) Corporation or other control of the country is attached. The country is attached in the country in the country is attached in the country in the country in the country is attached in the country in the countr	below, the do	redit any overpayment of this form). R 1.27(g)(2). on identified above, assignee or other pa